

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	COURT CASE NUMBER 08CR-598 - FILE
DEFENDANT Cephalon, Inc.	TYPE OF PROCESS Order of Forfeiture

NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE AT { USMS, EDPA
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Philadelphia, PA

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

AUSA Cathy Votaw
US Attorney's Office, EDPA
615 Chestnut St, Room 1250
Philadelphia, PA 19106

FILED

NOV 20 2008

MICHAEL E. KUNZ, Clerk
By Dep. Clerk

Number of process to be served with this Form 285

1

Number of parties to be served in this case

Check for service on U.S.A

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXTENDING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Field

Field

Transfer funds from holding account to forfeited account per order of forfeiture dated November 12, 2008 (attached). CATS # 09-FDA-000005.

Signature of Attorney other Originator requesting service on behalf of. <i>Cathy Votaw</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 215-861-8303	DATE 11/17/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No <i>66</i>	District to Serve No <i>66</i>	Signature of Authorized USMS Deputy or Clerk <i>George J. ...</i>	Date 11/20/08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc shown at the address inserted below

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 11/20/08	Time 8:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund)
					\$0.00

REMARKS

MONIES FORFEITED + DEPOSITED INTO AFF PER INSTRUCTIONS ABOVE. \$10,000,000.00 DEPOSITED TO FUND.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED